

NO: \_\_\_\_\_

**BUILDING PERMIT APPLICATION**  
**TOWN OF BLACKSBURG**  
**INTERNET APPLICATION**

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**Please Read Carefully. If you are uncertain of any information that is required, you may ask for assistance at the Front desk or Call Building and Inspections (540) 961-1125**

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Name of Applicant (Person completing this form): \_\_\_\_\_ Date of Application: \_\_\_\_\_

Tax Map #: \_\_\_\_\_

Lot #: \_\_\_\_\_ Section #: \_\_\_\_\_ Subdivision: \_\_\_\_\_

**Required:**

**Job Address**

Street Number: \_\_\_\_\_ Unit # (if any): \_\_\_\_\_ Street Name: \_\_\_\_\_ ZipCode: \_\_\_\_\_

Current Zoning: \_\_\_\_\_ Was the Structure built prior to 1985? (Y/N) \_\_\_\_\_

**Intended Use of the Property/Project** (i.e., single family, commercial, etc): \_\_\_\_\_

Is this a rental property? (Y/N) \_\_\_\_\_

**REQUIRED:**

Name of Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Address of Owner: \_\_\_\_\_ Suite: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**If Applicable:**

Lessee Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Lessee Address: \_\_\_\_\_ Suite: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**If Applicable:**

Lien Agent: \_\_\_\_\_ Phone: \_\_\_\_\_

Lien Agent Address: \_\_\_\_\_ Suite: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Required:**

**\*\*Contractor Name:** \_\_\_\_\_  
(Please fill out the Contractor Information Form to supply your address, license numbers, etc.)

**Required: (For New Single Family Homes):**

Certified Land Disturber: \_\_\_\_\_ License Number: \_\_\_\_\_

(If assistance is needed, please ask at front desk or call Building and Inspections (540) 961-1125)

**Permit Applied for (Please Check Appropriate Line):** Electrical \_\_\_\_\_ Mechanical \_\_\_\_\_ Plumbing \_\_\_\_\_ New Construction \_\_\_\_\_ Remodel or Addition \_\_\_\_\_ Demolition \_\_\_\_\_

Brief description of work to be done: \_\_\_\_\_

\* For Remodel/Demolition provide year structure was built: \_\_\_\_\_

**REQUIRED:**

Value of Work: \$ \_\_\_\_\_ (Must be included for the work applied for)

**For Building Permits that add square footage to a property, enter the actual setbacks:**

Front: \_\_\_\_\_ Right Side: \_\_\_\_\_ Left Side: \_\_\_\_\_ Rear: \_\_\_\_\_

Lot Area: \_\_\_\_\_ Floor Area Ratio: \_\_\_\_\_ Lot Coverage: \_\_\_\_\_

**\*\*\* INSPECTIONS WILL NOT BE CONDUCTED UNLESS ADDRESS AND PERMIT NUMBER ARE CLEARLY POSTED ON SITE!!!\*\*\***

**For Building Permits:**

(BOCA Code) Type of Construction Code (i.e., 5B): \_\_\_\_\_ Use Group (i.e. R4): \_\_\_\_\_

Building Code Used (check one): IBC (International Building Code) \_\_\_\_\_ IRC( International Residential Code) \_\_\_\_\_

Sprinkler System?: Y \_\_\_\_\_ N \_\_\_\_\_

**For New Construction (Two Sets of Architectural Plans Required To Be Submitted With This Form)**

Height of Building: \_\_\_\_\_ # of Stories: \_\_\_\_\_ # of Rooms: \_\_\_\_\_ # of Bedrooms \_\_\_\_\_ # of Baths \_\_\_\_\_

# of Fire Place: \_\_\_\_\_ # of Chimneys: \_\_\_\_\_

**If Applicable:**

# of Buildings: \_\_\_\_\_ # of Units: \_\_\_\_\_

**Required: Square Footage Per Floor (Including Decks, Additions and Remodels)**

Basement: \_\_\_\_\_ 1st Floor: \_\_\_\_\_ Decks: \_\_\_\_\_ Garage: \_\_\_\_\_ 2nd Floor: \_\_\_\_\_

3rd Floor: \_\_\_\_\_ 4th Floor: \_\_\_\_\_ **Total:** \_\_\_\_\_**For New Construction Only (if applicable):**

Water &amp; Sewer Connection Requirements (If Septic is Applicable, Please ask for assistance):

Size of Meter (check one): 5/8": \_\_\_\_\_ 1": \_\_\_\_\_ 1.5": \_\_\_\_\_ 2": \_\_\_\_\_

Water Availability? Y \_\_\_\_\_ (Required) How many units? \_\_\_\_\_

Sewer Availability? Y \_\_\_\_\_ (Required) How many units? \_\_\_\_\_

Water Laterals? Y \_\_\_\_\_ N \_\_\_\_\_ If Yes, how many? \_\_\_\_\_

Sewer Laterals? Y \_\_\_\_\_ N \_\_\_\_\_ If Yes, how many? \_\_\_\_\_

Water Meters? Y \_\_\_\_\_ N \_\_\_\_\_ If Yes, how many? \_\_\_\_\_

Sprinkler System? Y \_\_\_\_\_ N \_\_\_\_\_ Check Size: 2" \_\_\_\_\_ 4" \_\_\_\_\_ 6" \_\_\_\_\_

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Thank you for completing this application. It will be processed as quickly as possible. If approved, you will be notified by phone. Applications are processed in order of the date and time all required plans and/or documents are received.

\*\* Requests for inspections will not be scheduled unless the permit number is supplied at the time of the request.

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Applicant's Signature: \_\_\_\_\_ (MUST HAVE SIGNATURE)

Telephone: \_\_\_\_\_ Cell Phone or Pager: \_\_\_\_\_

Fax: \_\_\_\_\_ Email Address (optional): \_\_\_\_\_

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For Internal Use Only:

**DESIGN REVIEW BOARD** \_\_\_\_\_ **BLDG** \_\_\_\_\_ **ZONING/SETBACK** \_\_\_\_\_ **ADDRESSING** \_\_\_\_\_**APPLICATION WILL NOT BE ACCEPTED IF NOT COMPLETE****All work shall comply with the Uniform Statewide Building Code****Inspections Require a 24 Hour Advance Notice****PERMIT MUST BE POSTED AT THE JOB SITE BEFORE WORK CAN BEGIN**